

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035361

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

418

STATE FILE NUMBER

FILED SEP 23 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hubble Township</u>		c. CITY OR TOWN <u>Near Gordonville</u>	
c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION <u>Near Gordonville</u>		d. STREET ADDRESS (If outside, give location) <u>Near Gordonville</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>A.</u> Last <u>Sander</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 11-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	
11. BIRTHPLACE (City and state or country) <u>Near Gordonville Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Bartles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.1</u>	
17. INFORMANT Address <u>Mrs. Chas. Daume Sr. Gordonville</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of the breast</u> DUE TO (c) <u>3 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9-0</u> a.m. <u>0</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Near Gordonville</u>		COUNTY <u>Mo.</u> STATE <u>U.S.A.</u>	
21. I attended the deceased from <u>June 1955</u> to <u>9-16-63</u> and last saw her alive on <u>9-14-63</u> Death occurred at <u>7:10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E.J. McDonald, M.D.</u>		22b. ADDRESS <u>Jackson, Mo.</u>	
22c. DATE SIGNED <u>9-18-63</u>		22d. LOCATION (City, town, or county) (State) <u>Near Gordonville</u>	
23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	23b. DATE <u>9-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist Cem.</u>	
24. FUNERAL DIRECTOR <u>Deneke-Laird Jackson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-19-63</u>	
26. REGISTRAR'S SIGNATURE <u>Gene Karter</u>		27. DATE SIGNED <u>9-18-63</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. O. Davis

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.